

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45330

STATE FILE NUMBER

FILED DEC 30 1957

Registration District No.

278

Primary Registration District No.

3054

Registrar's No.

141

1. PLACE OF DEATH a. COUNTY PIKE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY PIKE	
b. CITY (If outside corporate limits, give TOWNSHIP only) LOUISIANA		c. CITY OR TOWN LOUISIANA	
c. FULL NAME OF (If NOT in hospital, give location) PIKE CO. HOSP LIFE		d. STREET ADDRESS (If outside, give location) R.F.D TWO	
3. NAME OF DECEASED (Type or print) LAURA ELLEN GRIFFITH		4. DATE OF DEATH DEC 12, 1957	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JAN. 16, 1897
9. AGE (In years last birthday) 60	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	11. BIRTHPLACE (City and state or country) PIKE CO. MO.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME TANDY HOLMAN KEITH	13b. MOTHER'S MAIDEN NAME REBECCA HESKETT	14. NAME OF HUSBAND OR WIFE JOE O. GRIFFITH	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. 486-42-1145	17. INFORMANT JOE O. GRIFFITH, LOUISIANA, MO.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral vascular accident probably hemorrhage into brain stem. arteriosclerotic cardio vascular disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____			INTERVAL BETWEEN ONSET AND DEATH 4221
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART-II of item 18.) _____		
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	20f. CITY, TOWN, OR LOCATION _____	COUNTY _____	STATE _____
21. I attended the deceased from 7/21/55 to 12/12/57 and last saw her alive on 12/12/57 Death occurred at 1:40 P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Chas H. Lweller	(Degree or title) M.D.	22b. ADDRESS Louisiana, Missouri	22c. DATE SIGNED 12/14/57
23a. BURIAL, CREMATION, EMOVAL (Specify) BURIAL	23b. DATE DEC 14, 1957	23c. NAME OF CEMETERY OR CREMATORY RIVERVIEW CEM.	23d. LOCATION (City, town, or county) (State) LOUISIANA, MO.
24. FUNERAL DIRECTOR GEO. M. COLLIER	ADDRESS LOUISIANA	25. DATE RECD. BY LOCAL REG. Dec 17, 1957	26. REGISTRAR'S SIGNATURE Bernice Collier

(If licensed Embalmers' Statement on Reverse Side)
MISSOURI

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

JAN 9
1958

MAR 24 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Geo. M. Collier

Licensed Embalmer No. 3839

P. O. Address Louisiana

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.